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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2001		Complete if Known	
Patent fees are subject to annual revision.		Application Number	09/929,350
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	August 15, 2001
.00		First Named Inventor	Jerome Eldridge
		Examiner Name	Chu
		Group Art Unit	1756
		Attorney Docket No.	M4065.0454/P454
METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 04-1073 Deposit Account Name: <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES	
2. <input type="checkbox"/> Payment Enclosed <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		Large Entity Fee Code Fee (\$)	
FEE CALCULATION		Small Entity Fee Code Fee (\$)	
1. BASIC FILING FEE		Fee Description	
Large Entity Fee Code Fee (\$)		Fee Paid	
Small Entity Fee Code Fee (\$)			
Fee Description			
Fee Paid			
101 710 201 355 Utility filing fee			
106 320 206 160 Design filing fee			
107 490 207 245 Plant filing fee			
108 710 208 355 Reissue filing fee			
114 150 214 75 Provisional filing fee			
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES		3. ADDITIONAL FEES	
Total Claims <input type="checkbox"/> -20** = <input type="checkbox"/> X <input type="checkbox"/> = <input type="checkbox"/>		Large Entity Fee Code Fee (\$)	
Independent Claims <input type="checkbox"/> -3** = <input type="checkbox"/> X <input type="checkbox"/> = <input type="checkbox"/>		Small Entity Fee Code Fee (\$)	
Multiple Dependent <input type="checkbox"/> = <input type="checkbox"/>		Fee Description	
Large Entity Fee Code Fee (\$)		Fee Paid	
Small Entity Fee Code Fee (\$)			
Fee Description			
Fee Paid			
103 18 203 9 Claims in excess of 20			
102 80 202 40 Independent claims in excess of 3			
104 270 204 135 Multiple dependent claim, if not paid			
109 80 209 40 ** Reissue independent claims over original patent			
110 18 210 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)			
**or number previously paid, if greater; For Reissues, see above		4. OTHER FEES	
		Other fee (specify)	
		SUBTOTAL (3) (\$)	
SUBMITTED BY		Complete (if applicable)	
Name (print/type) Thomas J. D'Amico		Registration No. (Attorney/Agent) 28,371	
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Reg. No. 34,378		Date September 6, 2002	